



**CITY OF RICHMOND**  
**50 North 5<sup>th</sup> Street**  
**Richmond, Indiana 47374**

**EQUAL OPPORTUNITY EMPLOYER  
APPLICATION FOR EMPLOYMENT**

*Applications are considered for all positions without regard to sex, race, color, creed, age, disability,  
national origin, or ancestry.*

**Please print clearly – Applicant must complete the application**

**POSITION APPLYING FOR** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Personal Information**

Name: \_\_\_\_\_ SSN# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

In an emergency contact \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

If you are under 18 years of age, can you furnish a work permit? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you presently employed? Yes \_\_\_\_\_ No \_\_\_\_\_

May we contact your present employer? Yes \_\_\_\_\_ No \_\_\_\_\_

When would you be available for work? \_\_\_\_\_ PartTime \_\_\_\_\_ FullTime \_\_\_\_\_

Are you available for any work shift or weekends? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you applied for a position with the City previously? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a CDL license? Yes \_\_\_\_\_ No \_\_\_\_\_

## Employment History

*Start with your present employer and work down. All work experience should be listed. Attach an additional sheet if necessary.*

**Name of Employer:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Phone:** (    ) \_\_\_\_\_ **Position:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

Date employed	Date of Separation	Salary
_____ Month   Day   Year	_____ Month   Day   Year	_____

Describe your duties and responsibilities: \_\_\_\_\_

\_\_\_\_\_

**Name of Employer:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Phone:** (    ) \_\_\_\_\_ **Position:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

Date employed	Date of Separation	Salary
_____ Month   Day   Year	_____ Month   Day   Year	_____

Describe your duties and responsibilities: \_\_\_\_\_

\_\_\_\_\_

**Name of Employer:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Phone:** (    ) \_\_\_\_\_ **Position:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

Date employed	Date of Separation	Salary
_____ Month   Day   Year	_____ Month   Day   Year	_____

Describe your duties and responsibilities: \_\_\_\_\_

\_\_\_\_\_

## Education

School	Name and Location	Graduate	Degree or Certificate
High School	_____	Yes___No___	_____
College/University	_____	Yes___No___	_____
Apprenticeship or On the job training	_____	Yes___No___	_____
Other	_____	Yes___No___	_____

List any honors or awards received: \_\_\_\_\_

\_\_\_\_\_

List any boards or organizations served: \_\_\_\_\_

\_\_\_\_\_

Special Skills and Qualifications that may be beneficial to the position applying for:

\_\_\_\_\_

\_\_\_\_\_

## References

*Please do not list relatives or former employers.*

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

I certify the answers given above are true and complete to the best of my knowledge. I authorize the investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand that false or misleading information given in this application or interview may result in discharge. I understand that I am required to abide by all Rules and Regulations of the City of Richmond.

I further authorize the Richmond Police Department to provide any information concerning my record and/or any arrests, or pending warrants that I may have.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



RICHMOND POLICE DEPARTMENT  
 CITY OF RICHMOND  
 RECORDS DIVISION

APPLICANT NAME: \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_

ALIAS AND/OR OTHER NAMES (MAIDEN, ETC.): \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

\* \* \* \* \*

TODAY'S DATE: \_\_\_\_\_

I, \_\_\_\_\_, HEREBY GIVE AUTHORIZATION TO  
 THE RICHMOND, INDIANA POLICE DEPARTMENT TO PROVIDE ANY  
 INFORMATION CONCERNING MY RECORD AND/OR ARRESTS; OR PENDING  
 WARRANT THAT I MAY HAVE TO **CITY OF RICHMOND**.

\_\_\_\_\_  
 APPLICANT'S SIGNATURE

\* \* \* \* \*

DOES APPLICANT HAVE A RECORD?    \_\_\_\_\_ YES    \_\_\_\_\_ NO

RPD RECORD NUMBER \_\_\_\_\_

SEE ADDITIONAL \_\_\_\_\_ PAGES OF RECORD

COMMENTS:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 RECORD'S CLERK SIGNATURE

INFORMATION CONCERNING THIS APPLICANT'S RECORD WAS DISTRIBUTED TO:

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Please be advised, this is a local record check only.